

JAN 25 1941

Primary Registration District No. 5930

Registrar's No. 54

1. PLACE OF DEATH

(a) County Polk  
(b) City or town Bural Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME Maggie Wright

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 10 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months \_\_\_\_\_ Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bolivar (City, town, or county) Mo (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Homer Wright

13. Birthplace Bolivar (City, town, or county) Mo (State or foreign country)

14. Maiden name Mary Hile

15. Birthplace Bolivar (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Homer Wright

(b) Address Bolivar

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof Dec 16 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Gilead

18. (a) Signature of funeral director Hutchinson & Co.

(b) Address Bolivar Missouri

19. (a) 12/18 (Date received local registrar) (b) J. O. Robert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Bural Marion  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1940 hour 11.57 minute A.M.

21. I hereby certify that I attended the deceased from July 1940 to Dec 16 1940  
that I last saw her alive on Dec 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of head of pancreas with metastasis to liver.

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 630

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. O. Robert (M. D. or other) \_\_\_\_\_

Address Bolivar Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 7,

District File Number 7-41-156

Date Filed 1-14-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**